



International Association of Assessing Officers

314 W. 10th Street
Kansas City, MO 64105
816-701-8100
www.iaao.org

PROFESSIONAL DESIGNATION PROGRAM

**MASTER/COMPREHENSIVE EXAM
APPLICATION**

Proctor for exam must be an IAAO designee (or member of IAAO staff) and may not be related to candidate.

Name

File #

Company/Jurisdiction

B. Phone

B. Address

City

State/Province

Zip

FOR DESIGNATION: ___ AAS ___ CAE ___ CMS ___ PPS ___ RES

Date of Examination _____ 1st attempt _____ 2nd attempt _____

I understand that if I do not pass this examination I must wait thirty (30) days for the second attempt. I also understand that I may only retake this examination once. If I happen to fail the re-take, I must re-take AND successfully complete IAAO courses that reflect my weak points from this exam. **I also understand that my signature on this application testifies that I have completed all IAAO requirements satisfactorily for my designation.** Please allow 2/3 weeks for processing.

Signature

Date

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